



Scott Walker, Governor
Dave Ross, Secretary

Escalator and Moving Walk Test Report - Acceptance and Category 1

Please type or print clearly. Illegible and incomplete forms will not be accepted.
Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), stats.]

Building Information				Owner Information (complete if changed)			
Name				Name			
Address				Address			
City	State	WI	ZIP	City	State	ZIP	
Conveyance Information		Regulated Object ID or Tag No.:		Manufacturer:			
Type	Escalator – Straight <input type="checkbox"/>	Escalator - Curved <input type="checkbox"/>		Moving Walk – Pallet Type <input type="checkbox"/>	Moving Walk – Belt Type <input type="checkbox"/>		
Rated capacity (lbs):		Rated speed (fpm):		Normal direction of travel: Up <input type="checkbox"/> Down <input type="checkbox"/> Direction often reversed <input type="checkbox"/>			

The following tests are to be performed according to ASME A17.1, 8.6.8.15.
Also refer to unique manufacturer's procedures as addressed in ASME A17.1, 8.6.1.2.1(f) and 8.6.1.2.2(b), the code in effect when the conveyance or applicable components were installed and ASME A17.2.

Component, device or system	Pass	Fail	n/a	Date	Component, device or system	Pass	Fail	n/a	Date
Machine space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Step or pallet level device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Steps, pallet, chain and truss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controller and wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Handrail safety systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive machine and Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speed governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Permissible stretch in escalator chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broken drive chain device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Disconnected motor safety device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reversal stop switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Response to smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broken step chain or treadway device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Comb-step or comb-pallet impact device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Step upthrust device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Inspection control devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Missing step or pallet device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Step lateral displacement device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Escalator step/skirt index (coefficient of friction) – See 8.6.8.3 and 8.6.8.15.19 for test method			
Check 1 of 3	Not equipped with skirt deflector brushes: <input type="checkbox"/>	Equipped with skirt deflector brushes, esc. install contract date <i>after</i> 12-31-2008: <input type="checkbox"/>	
Equipped with skirt deflector brushes, esc. install contract date <i>on or before</i> 12-31-2008: <input type="checkbox"/>			Pass Fail Date
Step 1, Left:	Step 1, Right:	Step 2, Left:	Step 2, Right: <input type="checkbox"/> <input type="checkbox"/>
Escalator clearance (in.) between step and skirt – See 8.6.8.2 , Notes apply based on install contract date. Note (d) = contract date <i>after</i> 3-31-2004			
Check 1	Note (a) applies: <input type="checkbox"/>	Note (b) applies: <input type="checkbox"/>	Note (c) applies: <input type="checkbox"/> Note (d) applies, see 8.6.8.15.20: <input type="checkbox"/> Pass Fail Date
Top landing Left gap (in.):	Top landing Right gap:	Bot. landing Left gap:	Bot. landing Right gap: <input type="checkbox"/> <input type="checkbox"/>

Testing Information			
Contractor Name (or Owner if performed by a licensed employee)		Individual Name	
Address		License Number	
City	State	ZIP	Signature

If tests were not witnessed by an inspector or person authorized by the department, send this completed form to the inspector according to the map on the Elevator program web page: [Elevator Inspector Map](#)

Locate a copy of the completed form in the maintenance record for the conveyance and see ASME A17.1, 8.6.1.4.1, 8.6.1.7.2 and SPS 318.1708(2)(e) for additional information regarding on-site records and test tags.

Witnessing of Tests: SPS 318.1708(2)(d). Periodic tests may be witnessed by an inspector the department, agent municipality or by a person authorized by the department or agent municipality.